## UNITED STATES DISTRICT COURT

## DISTRICT OF OREGON

TYLER TECHNOLOGIES, INC.			Case	No.: 3:20-cv-010	01083-JR	
		Plaintiff(s),	Cuse 1			
v.				ON FOR LEAV HAC VICE	E TO APP	EAR
MULTNOMAH	COUNTY,	OREGON				
		Defendant(s).				
Attorn	ey Beth W	V. Petronio	1	requests special	admission <sub>I</sub>	pro hac
vice to the Bar	of the U	nited States Dis	trict Court for the D	istrict of Oregon	in the above	ve-
captioned case	e for the p	ourposes of repre	esenting the following	ng party (or parti	ies):	
Tyler Technolo	gies, Inc.					
In sup	ort of thi	s application, I	certify that: 1) I am	an active memb	er in good	standing
with the Texas	•		d 2) that I have read			
			f Civil and Criminal			
		Statement of Pro				. 01 01110
			to the Bar of the Un	ited States Distr	rict Court fo	or the
		•				
			oose of litigating in t	ne above matter	and will be	;
terminated up	on the cor	nclusion of the r	natter.			
(1)	PERSO	ONAL DATA:				
	Name:	Petronio	Beth		W	
		(Last Name)	(First Nar	ne)	(MI)	(Suffix)
			n: K&L Gates LLP			
			<sup>7</sup> Main Street, Suite 28	300		
	City: D			State:TX		75201
		number: ( <u>214)</u> 93		Fax number:	(214) 939-	5849
	Busine	ss e-mail addres	ss: beth.petronio@klga	ates.com		

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(2)	BAR A	SAR ADMISSION INFORMATION:				
	(a)	State bar admission(s), date(s) of admission, and bar number(s):  Texas State Bar 11/1/1996 00797664				
	(b)	Other federal court admission(s) and date(s) of admission: Northern District of Texas 11/4/1996; SDTX; WDTX; EDTX 5th Circuit; 2d Circuit				
(3)	CERTIFICATION OF DISCIPLINARY ACTIONS:					
7	I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.					
	I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)					
(4)	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE: Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.					
(5)	CM/ECF REGISTRATION: I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.					
		ney Seeking <i>Pro Hac Vice</i> Admission: I have read and understand the -3, and I certify that the above information is true and correct.				
DATED	): <u>07/16/</u>	2020				
		/s/ Beth W. Petronio				
		(Signature)				

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## REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for <i>pro</i> unless requesting a waiver of the require			e with local of	counsel,
To request a waiver of the requirement to following box:	associate with loca	al counsel u	nder LR 45-1	, check the
I seek admission for the limited p Court did not issue. Pursuant to l requirement to associate with loca from local counsel with this appli	LR 45-1(b), I request all counsel and there	st a waiver	of the LR 83-	3(a)(1)
To associate with local counsel, provide obtain the signature of local counsel.	the following inform	nation abou	it local couns	el, and
Name: Rothermich	John		С	
(Last Name)	(First Name)		(MI)	(Suffix)
OSB number: <u>071685</u>				
Agency/firm affiliation: K&L Gates LLP				
Mailing address: One SW Columbia Street	et, Suite 1900			
City: Portland	State: OR	Zip:		97204
Phone number: (503) 226-5722	Fax number: (	503) 248-90	85	
Business e-mail address: john.rothermich@	gklgates.com			
CERTIFICATION OF ASSOCIATE I	LOCAL COUNSE	L:		
I certify that I am a member in good stan understand the requirements of LR 83-3, number 3:20-cv-01083-JR				
DATED: 07/16/2020				

s/John Rothermich

(Signature of Local Counsel)

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